

## **Teresa Meier**

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**To:** kreynolds@neb.rr.com  
**Subject:** Capt. Jack's SDL for July 26th - Hearing Date: 7/21/14 at 3 p.m.

Kevin –

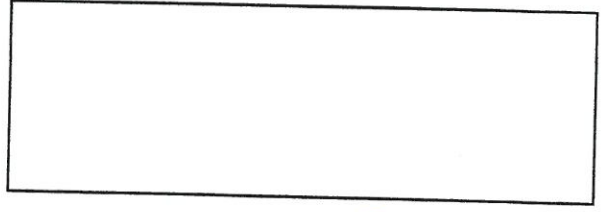
Please be advised, Capt. Jack's SDL for July 26th will be on the City Council Agenda for July 21, 2014 at 3 p.m. Please have a representative present to speak. Please confirm receipt. Thanks!

Teresa J. Meier  
City Clerk  
555 S. 10<sup>th</sup> St.  
Lincoln NE 68508  
Phone: (402) 441-7438 / Fax: (402) 441-8325

**If you want to lift yourself up, lift up someone else. - Booker T. Washington.**

**Never take life seriously; nobody gets out alive anyway!**

APPLICATION FOR SPECIAL  
DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> ST  
LINCOLN NE 68508  
PHONE: (402) 441-7438



RETAIL LICENSE HOLDER ☒ DO YOU NEED POSTERS? YES ☒ NO ☐

NON PROFIT APPLICANT ☐  
Non Profit Status (check one that best applies):  
Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Public Service ☐

COMPLETE ALL QUESTIONS

1. Beer ☒ Wine ☒ Distilled Spirits ☒
2. Liquor license number and class (i.e. C55441, CK55441)  
(If you're a nonprofit organization leave blank) CK-83579
3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)

NAME:	BDF LLC DBA Captain JACKS		
ADDRESS:	140 N. 12th Street		
CITY:	Linden	NE	ZIP: 68508

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME:	FALLBROOK TOWN Center		
ADDRESS:	570 FALLBROOK Blvd	CITY:	Linden
ZIP:	68521	COUNTY & COUNTY #:	

- a. Is this location within the city/village limits? YES ☒ NO ☐
- b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES ☐ NO ☒
- c. Is this location within 300' of any university or college campus? YES ☐ NO ☒

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CITY CLERK'S OFFICE  
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LINCOLN NE

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>7-26-14</u>	Date	Date	Date	Date	Date
Hours From <u>9am</u> To <u>11pm</u>	Hours From To	Hours From To	Hours From To	Hours From To	Hours From To

- a. Alternate date: \_\_\_\_\_
- b. Alternate location: \_\_\_\_\_  
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance ☐ Reception ☐ Fund Raiser ☒ Beer Garden ☐ Sampling/Tasting

Other: \_\_\_\_\_

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** \_\_\_\_\_ x \_\_\_\_\_  
(not square feet or acres)

\*Outdoor area dimensions of area to be covered **IN FEET** 390 x 390  
\***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

SEE Attached Sheet

If outdoor area, how will premises be enclosed?

☒ fence ☒ snow fence ☐ chain link ☐ cattle panel ☐ tent

other: \_\_\_\_\_

8. How many attendees do you expect at event? 800

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

trained Beverage Servers,  
Security, wrist BANDS

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐



11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES ☒ NO ☐  
Non-Profit: Where will you be purchasing your alcohol?  
Wholesaler ☐ Retailer ☐ Both ☐ BYO ☐  
(includes wineries)

12. Will there be any games of chance operating during the event? YES ☐ NO ☒  
If so, describe activity: \_\_\_\_\_

**NOTE:** Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions (**must** be received by Commission 30 days prior to event, complete NLCC form 140): \_\_\_\_\_

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor: Kevin Reynolds

Signature of Event Supervisor: Kevin Reynolds

Event Supervisor phone: Before 402-770-7659 During 402-770-7659

Email address: Kreynolds@neb.rr.com

Consent of Authorized Representative/Applicant

15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign  
here

Kevin Reynolds  
Authorized Representative/Applicant

Pres. Devt  
Title

7-7-14  
Date

Kevin Reynolds  
Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

**SUPPLEMENTAL FORM**  
**REQUIRED FOR ALL OUTDOOR EVENTS**  
*(Including those for Non Profit Organizations)*

Name of Event:	ENERGY AFTER DARK		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	7-26-14	Hours:	9am - 11pm
Alternate Date(s):		Hours:	

Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol: Trained Servers, Security, wrist BANDS

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: Served by outside same hired for event

Will non-alcoholic beverages be served: ☒ Yes ☐ No  
If yes, please list non-alcoholic beverages to be served: Water - Gatorade - Soda

Who will serve the beverages containing alcohol? See sheet Attached  
**Must complete Server/Seller Applicant Information Sheet.**

Have the designated servers received responsible beverage server training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: \_\_\_\_\_

Kevin Reynolds  
Applicant's Signature

7-7-14  
Date



## SITE PLAN INFORMATION REQUIRED FOR **ALL** OUTDOOR EVENTS

Please provide a drawing showing the following. Provide **as much detail as possible** to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: ( 102 ' x 10 ' )
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 390 x 390 )
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

**Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.**

See Attached Map

ATTACH EXTRA PAGES IF NECESSARY

## Kevin Reynolds

**From:** Captain Jack <captainjacksbar402@gmail.com>  
**Sent:** Thursday, June 05, 2014 12:08 PM  
**To:** Kevin Reynolds  
**Subject:** Fwd: ENERGY After Dark Perimeter

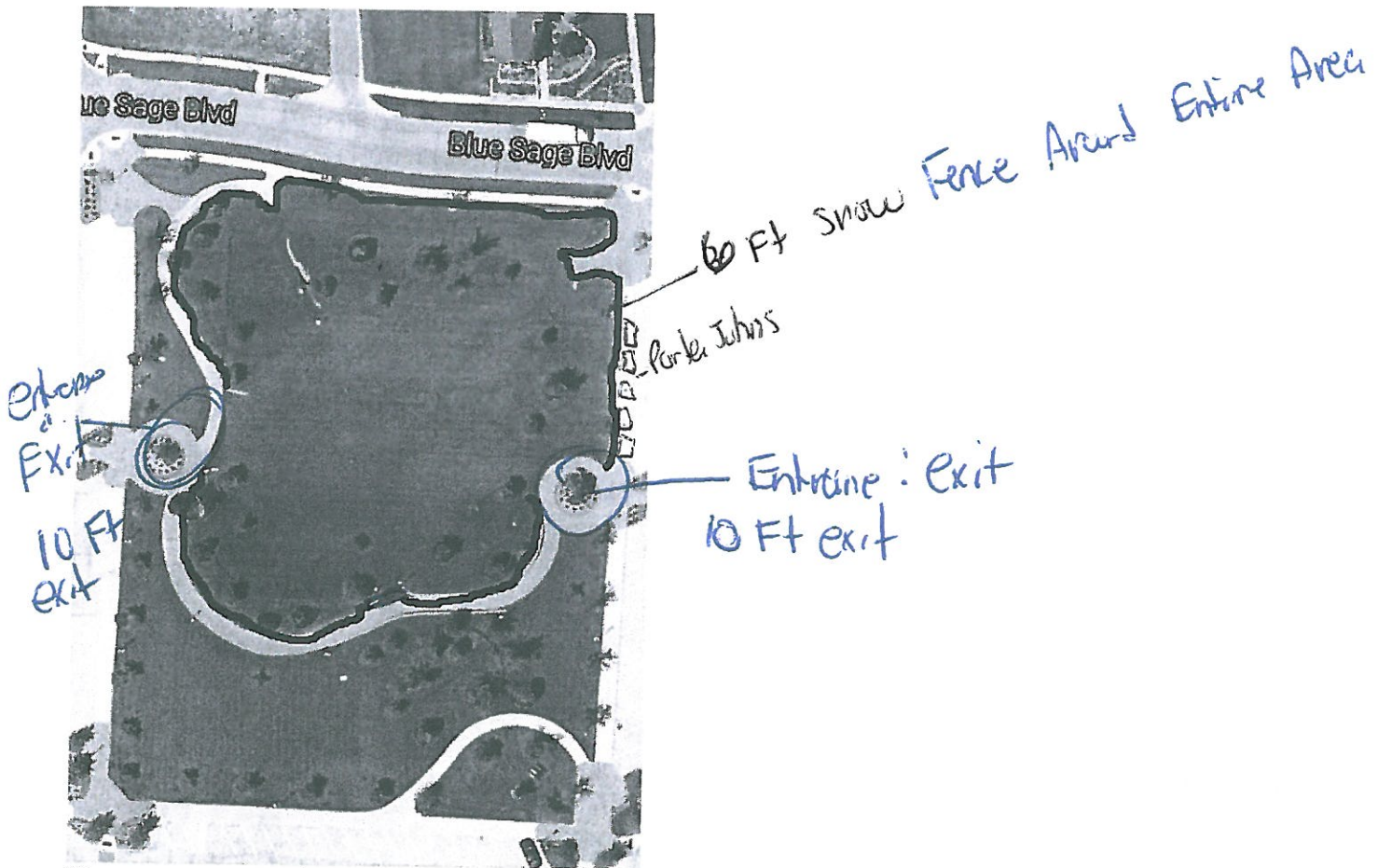
----- Forwarded message -----

From: "Todd Fitzgerald" <todd.fitzgerald.jzka@statefarm.com>  
Date: Jun 5, 2014 9:01 AM  
Subject: ENERGY After Dark Perimeter  
To: "Captain Jack" <captainjacksbar402@gmail.com>  
Cc: "Megan Charko" <mcharko@nationalresearch.com>, "Todd Fitzgerald" <csgenergyevents@gmail.com>

Chris,

Thanks for taking time to meet this afternoon and your assistance with ENERGY After Dark.

I am attaching an aerial overview and outline of the area for ENERGY After Dark.



The open areas are the entrances and exits we used last year. We will have the food vendors set up on the north end of NW 7th and Blue Sage. Last year Meier's had the beverage trailer set up along NW 6th. There is a power source on every other light pole along the outside of the green space.





**Lancaster County/City of Lincoln GIS Map**

**Fallbrook Towne Center - Energy After Dark**

Printed: Jul 07, 2014

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email [gis@lincoln.ne.gov](mailto:gis@lincoln.ne.gov) and you will be directed to the appropriate department.



# SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

**This applies to nonprofit corporations as well.**

[illegible]